

## Central Line Procedural Checklist

**Indication:** To document procedural practices in the CCU related to insertion technique for:  
CVP lines, dialysis access ports, and central lines (including PICC).

<b>Type of catheter:</b>	<input type="checkbox"/> Central Line <input type="checkbox"/> CVP <input type="checkbox"/> Dialysis Catheter <input type="checkbox"/> PICC Line	Location: _____ Location: _____ Location: _____ Location: _____
<b>Is this a NEW line:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Is the procedure:</b>	<input type="checkbox"/> Elective <input type="checkbox"/> Emergent <input type="checkbox"/> Re-wire <input type="checkbox"/> Re-position	<input type="checkbox"/> _____

Procedural Checklist		
Safety Practice	YES	YES <i>(After Reminder)</i>
<b>Before procedure, did the provider:</b>		
➤ <b>PERFORM PROCEDURAL PAUSE</b>		
Perform patient ID X 2	<input type="checkbox"/>	<input type="checkbox"/>
Announce the procedure to be performed	<input type="checkbox"/>	<input type="checkbox"/>
Mark / assess site	<input type="checkbox"/>	<input type="checkbox"/>
Position patient correctly for procedure	<input type="checkbox"/>	<input type="checkbox"/>
Assemble equipment / verify supplies	<input type="checkbox"/>	<input type="checkbox"/>
Utilize relevant documents (chart / forms)	<input type="checkbox"/>	<input type="checkbox"/>
Order follow-up Radiology images (PRN)	<input type="checkbox"/>	<input type="checkbox"/>
➤ <b>Cleanse hands? (ASK, if unsure)</b>	<input type="checkbox"/>	<input type="checkbox"/>
➤ <b>Prep procedure site with ChloroPrep?</b> <i>*30 seconds for dry site</i> <i>**2 minutes for moist site (esp. femoral)</i>	<input type="checkbox"/>	<input type="checkbox"/>
➤ <b>Use large drape to cover patient in sterile fashion?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During procedure, did the provider:</b>		
➤ <b>Wear sterile gloves during catheter insertion?</b>	<input type="checkbox"/>	<input type="checkbox"/>
➤ <b>Wear hat, mask, and sterile gown?</b>	<input type="checkbox"/>	<input type="checkbox"/>
➤ <b>Maintain sterile field?</b>	<input type="checkbox"/>	<input type="checkbox"/>
➤ <b>Use ultrasound/Sonasite if appropriate?</b>	<input type="checkbox"/>	<input type="checkbox"/>
➤ <b>Did assisting physician follow the same precautions?</b> <i>(hand washing, mask, gloves, gown)</i>	<input type="checkbox"/>	<input type="checkbox"/>
➤ <b>Did <u>all</u> staff and patient in the room wear a mask?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>After the procedure:</b>		
➤ <b>Was sterile technique maintained when applying dressing?</b>		
➤ <b>Was dressing dated?</b>		

Name of Intensivist: \_\_\_\_\_

Name of Procedure MD \_\_\_\_\_

Name of Assisting MD \_\_\_\_\_

Name of RN (auditor): \_\_\_\_\_ Today's Date: \_\_\_\_-\_\_\_\_-\_\_\_\_

Room: CCU Bed # \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM TO:**

**"BSI FORMS" LABELED ENVELOPE IN CCU-7 CONFERENCE ROOM**

PATIENT Label

**VIRGINIA MASON MEDICAL CENTER**  
**Central Line Procedural Checklist**

MRD: HOSP7

VMMC FORM # XXXXXX (12-21-04)  
 FTF (pending)